

Incident Number:

## DEPARTMENT OF HOMELAND SECURITY U.S. Customs and Border Protection

Date Printed: 11/05/2012 Subject: unknown, , et al

Event No.:

### REPORTABLE USE OF FORCE INCIDENT DATA

Orig. SIR No.:

### **SECTION A - INCIDENT IDENTIFICATION INFORMATION**

Incident Title:

(b) (7)(E) (b) (7)(E) Deployment in response to rocking incidents					(b) (7)(E)				
Office: Owning Organizat					Reporting Official:				
Office of	Border	Tucson	Sector/Nogales St	tation	(b) (6), (b	) (7)(C)			
Patrol			·		Telephone Nun	nber:			
					(b) (6), (b) (7)(				
Type of Incide	nt:	, <u>l</u>				Local Time	e / Day / Da	ate of Incident:	
× Firearm	× Interme	ediate Device	Other			04:13	Sunday	5/1/2011	
Number of	Number of In		Other Offices / Agencies	Involved:					
Subjects:	Officers/Ager	its:							
4	2		<u>.</u>						
SECTION	P - INCIDE	INT LOC	ATION INFORMAT	CIONI					
Address:	D - 1110101	.141 2007	THOR III OMBA	City:	Is	State:	Ico	ounty:	
7.00.022.				Nogales	i	AZ		anta Cruz	
ZIP Code:	Cour	ntry:		13	Longitu			titude:	
85621	US	,.				(b)	(7)(E)		
Character of P									
		ated	, Residential, Out	+doore					
	Jeracera E	opuraceu,	Residential, out	-00012					
Illumination:		7575277							
If Natural Illum	ination:	If Artificial II			~ 111			***	
Night		Street	Lights, Vehicle He	eadlights,	Good ligh	ting, Su			
Environmental	Conditions:							Estimated Ambient	
Dry, Calm,	Desert							Temperature ( <sup>o</sup> F):	
Dry, Carm,	DESCLO							45	
Additional Con	mante (ralays	ent to the incir	dent information page):				-		
None	nments (reteva	Ni io ine moio	1611 ппоннацон раус).						

### SECTION C - INVOLVED OFFICER / AGENT INFORMATION

		Title:		Se	1 .		ocation EOD:								
(b) (6), (b) (7)(C)			BORDER PATROL AGENT			(b) (6	6), (b) (7)(C)								
Duty Location:							· · · · · · · · · · · · · · · · · · ·								
Tucson Secto	or/Nogales														
Sex:	_	Hand Usage:				Height:	Weight								
× Male	Female	× Right-Hand	ed Left-Handed			(b)	(6), (b) (	/)(C)							
Duty Status:		Attire:		Total YEA	RS Law Enforceme	ent Experien	ce: Wearin	g Body Armor:							
➤ On Duty	Off Duty	× Uniformed	Plain Clothes	Federal: 4	State: 0	Local: 0	X Ye	es No							
Operational Activi	ity:	·													
Linewatch															
SECTION D	- INVOLVE	D OFFICER	R / AGENT INJUR	RY INFO	RMATION										
Injured:															
Yes	☐ No														
Describe Any Invo	olved Officer/A	gent Injuries or C	ther Needed Information	on:											
None															
Referred for Addit	tional Medical A	Attention:							Referred for Additional Medical Attention:						
Yes	No														
SECTION E - WEAPONS USED BY OFFICER / AGENT															
SECTION E	- WEAPON	IS USED BY	OFFICER / AGI	ENT					········						
SECTION E -		IS USED BY	OFFICER / AGI	ENT											
Firearm Informat Ownership:		Person	·	ion Date:	02/28/2011	Qualificati	on Score:	247							
Firearm Informat Ownership: Serial Number:	tion:	Person	al Last Qualificat	ion Date:	odel Name/Numbe		on Score:	Caliber:							
Firearm Informat Ownership: Serial Number: (b) (6), (b) (7)(C)	tion:	Person	al Last Qualificat	ion Date:	odel Name/Numbe (b) (7)(E)		on Score:	Caliber: (b) (7)(E)							
Firearm Information Countries of the Cou	tion:	Person	al Last Qualificat	ion Date:	odel Name/Numbe		on Score:	Caliber: (b) (7)(E) Rounds Fired:							
Firearm Information Ownership: Serial Number: (b) (6), (b) (7)(C) Type: Rifle	tion:  X CBP	Person: Manufacture (b)	al Last Qualificat	ion Date:	odel Name/Numbe (b) (7)(E)		on Score:	Caliber: (b) (7)(E)							
Firearm Information Ownership: Serial Number: (b) (6), (b) (7)(C) Type: Rifle Firearm Shooting	tion:  X CBP	Person: Manufacture (b)	al Last Qualificat	Round Typ	odel Name/Numbe (b) (7)(E) e (if Shotgun):		on Score:	Caliber: (b) (7)(E) Rounds Fired:							
Firearm Information Ownership: Serial Number: (b) (6), (b) (7)(C)  Type: Rifle Firearm Shooting Posture:	tion:  X CBP	Person: Manufacture (b)	al Last Qualificat	Round Typ Other	(b) (7)(E) e (if Shotgun): ientation:		on Score:	Caliber: (b) (7)(E) Rounds Fired:							
Firearm Informat Ownership: Serial Number: (b) (6), (b) (7)(C)  Type: Rifle Firearm Shooting Posture: Kneeling	tion:  X CBP	Person: Manufacture (b)	al Last Qualificat	Round Typ Other	odel Name/Numbe (b) (7)(E) e (if Shotgun): ientation: Squarely		on Score:	Caliber: (b) (7)(E) Rounds Fired:							
Firearm Information Cover Usage:  Firearm Information Cover Usage:  Cover Usage:	tion:  X CBP	Person: Manufacture (b)	al Last Qualificat	Round Typother  Posture Or Facing  Weapon G	odel Name/Numbe (b) (7)(E) e (if Shotgun): ientation: Squarely rip:		on Score:	Caliber: (b) (7)(E) Rounds Fired:							
Firearm Informate Ownership: Serial Number: (b) (6), (b) (7)(C)  Type: Rifle Firearm Shooting Posture: Kneeling Cover Usage: Cover Used	tion:  X CBP	Person: Manufacture (b)	al Last Qualificat	Round Typ Other  Posture Or Facing Weapon G	odel Name/Numbe (b) (7)(E) e (if Shotgun): ientation: Squarely rip: ided		on Score:	Caliber: (b) (7)(E) Rounds Fired:							
Firearm Informate Ownership: Serial Number: (b) (6), (b) (7)(c)  Type: Rifle Firearm Shooting Posture: Kneeling Cover Usage: Cover Used Target Elevation:	tion:  X CBP	Person: Manufacture (b)	al Last Qualificat	Round Typ Other  Posture Or Facing  Weapon G Two-har  Aiming Me	odel Name/Numbe (b) (7)(E) e (if Shotgun):  ientation: Squarely rip: ided thod:		on Score:	Caliber: (b) (7)(E) Rounds Fired:							
Firearm Informate Ownership: Serial Number: (b) (6) (b) (7) (C)  Type: Rifle Firearm Shooting Posture: Kneeling Cover Usage: Cover Usage: Cover Used Target Elevation: At/Above Eye	tion:  X CBP	Person: Manufacture (b)	al Last Qualificat	Round Typ Other  Posture Or Facing  Weapon G Two-har  Aiming Me Sight F	odel Name/Numbe (b) (7)(E) e (if Shotgun): ientation: Squarely rip: ided thod:	r:	on Score:	Caliber: (b) (7)(E) Rounds Fired:							
Firearm Informate Ownership: Serial Number: (b) (6), (b) (7)(c)  Type: Rifle Firearm Shooting Posture: Kneeling Cover Usage: Cover Used Target Elevation:	g Information:	Person: Manufacture (b)	al Last Qualificat	Round Typ Other  Posture Or Facing  Weapon G Two-har  Aiming Me Sight F	odel Name/Numbe (b) (7)(E) e (if Shotgun):  ientation: Squarely rip: ided thod:	in Yards):	on Score:	Caliber: (b) (7)(E)  Rounds Fired: 6							
Firearm Informate Ownership: Serial Number: (b) (6) (b) (7) (c)  Type: Rifle Firearm Shooting Posture: Kneeling Cover Usage: Cover Usage: Cover Used Target Elevation: At/Above Eye Firing Mode: Semi-automate	g Information:	Manufacture (b)	al Last Qualificater: (7)(E)	Round Typ Other  Posture Or Facing  Weapon G Two-har  Aiming Me Sight A  Estimated Minimum:	odel Name/Numbe (b) (7)(E) e (if Shotgun):  ientation: Squarely rip: ided thod: .im Distance (Express	in Yards):		Caliber: (b) (7)(E)  Rounds Fired: 6							
Firearm Informate Ownership: Serial Number: (b) (6), (b) (7)(C)  Type: Rifle Firearm Shooting Posture: Kneeling Cover Usage: Cover Used Target Elevation: At/Above Eye Firing Mode: Semi-automate Collateral Damage	g Information:  Level  Lic  e: By	Manufacture (b)	al Last Qualificater: (7)(E)	Round Typ Other  Posture Or Facing  Weapon G Two-har  Aiming Me Sight F	odel Name/Numbe (b) (7)(E) e (if Shotgun):  ientation: Squarely rip: ided thod: .im Distance (Express	in Yards):		Caliber: (b) (7)(E)  Rounds Fired: 6							
Firearm Informate Ownership: Serial Number: (b) (6) (b) (7) (c)  Type: Rifle Firearm Shooting Posture: Kneeling Cover Usage: Cover Usage: Cover Used Target Elevation: At/Above Eye Firing Mode: Semi-automate	g Information:  Level  Lic  e: By	Manufacture (b)	al Last Qualificater: (7)(E)	Round Typ Other  Posture Or Facing  Weapon G Two-har  Aiming Me Sight A  Estimated Minimum:	odel Name/Numbe (b) (7)(E) e (if Shotgun):  ientation: Squarely rip: ided thod: .im Distance (Express	in Yards):		Caliber: (b) (7)(E)  Rounds Fired: 6							
Firearm Informate Ownership: Serial Number: (b) (6), (b) (7)(C)  Type: Rifle Firearm Shooting Posture: Kneeling Cover Usage: Cover Used Target Elevation: At/Above Eye Firing Mode: Semi-automate Collateral Damage	g Information:  Level  Lic  e: By	Manufacture (b)	al Last Qualificater: (7)(E)	Round Typ Other  Posture Or Facing  Weapon G Two-har  Aiming Me Sight A  Estimated Minimum:	odel Name/Numbe (b) (7)(E) e (if Shotgun):  ientation: Squarely rip: ided thod: .im Distance (Express	in Yards):		Caliber: (b) (7)(E)  Rounds Fired: 6							
Firearm Informate Ownership: Serial Number: (b) (6), (b) (7)(C)  Type: Rifle Firearm Shooting Posture: Kneeling Cover Usage: Cover Used Target Elevation: At/Above Eye Firing Mode: Semi-automate Collateral Damage	g Information:  Level  Lic  e: By	Manufacture (b)	al Last Qualificater: (7)(E)	Round Typ Other  Posture Or Facing  Weapon G Two-har  Aiming Me Sight A  Estimated Minimum:	odel Name/Numbe (b) (7)(E) e (if Shotgun):  ientation: Squarely rip: ided thod: .im Distance (Express	in Yards):		Caliber: (b) (7)(E)  Rounds Fired: 6							
Firearm Informate Ownership: Serial Number: (b) (6), (b) (7)(C)  Type: Rifle Firearm Shooting Posture: Kneeling Cover Usage: Cover Used Target Elevation: At/Above Eye Firing Mode: Semi-automate Collateral Damage	g Information:  Level  Lic  e: By	Manufacture (b)	al Last Qualificater: (7)(E)	Round Typ Other  Posture Or Facing  Weapon G Two-har  Aiming Me Sight A  Estimated Minimum:	odel Name/Numbe (b) (7)(E) e (if Shotgun):  ientation: Squarely rip: ided thod: .im Distance (Express	in Yards):		Caliber: (b) (7)(E)  Rounds Fired: 6							
Firearm Informate Ownership: Serial Number: (b) (6), (b) (7)(C)  Type: Rifle Firearm Shooting Posture: Kneeling Cover Usage: Cover Used Target Elevation: At/Above Eye Firing Mode: Semi-automate Collateral Damage	g Information:  Level  Lic  e: By	Manufacture (b)	al Last Qualificater: (7)(E)	Round Typ Other  Posture Or Facing  Weapon G Two-har  Aiming Me Sight A  Estimated Minimum:	odel Name/Numbe (b) (7)(E) e (if Shotgun):  ientation: Squarely rip: ided thod: .im Distance (Express	in Yards):		Caliber: (b) (7)(E)  Rounds Fired: 6							
Firearm Informate Ownership: Serial Number: (b) (6), (b) (7)(C)  Type: Rifle Firearm Shooting Posture: Kneeling Cover Usage: Cover Used Target Elevation: At/Above Eye Firing Mode: Semi-automate Collateral Damage	g Information:  Level  Lic  e: By	Manufacture (b)	al Last Qualificater: (7)(E)	Round Typ Other  Posture Or Facing  Weapon G Two-har  Aiming Me Sight A  Estimated Minimum:	odel Name/Numbe (b) (7)(E) e (if Shotgun):  ientation: Squarely rip: ided thod: .im Distance (Express	in Yards):		Caliber: (b) (7)(E)  Rounds Fired: 6							
Firearm Informate Ownership: Serial Number: (b) (6), (b) (7)(C)  Type: Rifle Firearm Shooting Posture: Kneeling Cover Usage: Cover Used Target Elevation: At/Above Eye Firing Mode: Semi-automate Collateral Damage	g Information:  Level  Lic  e: By	Manufacture (b)	al Last Qualificater: (7)(E)	Round Typ Other  Posture Or Facing  Weapon G Two-har  Aiming Me Sight A  Estimated Minimum:	odel Name/Numbe (b) (7)(E) e (if Shotgun):  ientation: Squarely rip: ided thod: .im Distance (Express	in Yards):		Caliber: (b) (7)(E)  Rounds Fired: 6							

# SECTION E (Continuation) - WEAPONS USED BY OFFICER / AGENT Intermediate Device Information: Device: Device Type: Description:

Device:	Device Type:		
Description:			
Intermediate Device Deployment Information:			
Posture:		Posture Orientation:	
Cover Usage:		Weapon Grip:	
Target Elevation:		Aiming Method:	
Firing Mode:		Estimated Distance (Express in Ya Minimum: 0	rds):  Maximum: 0
Did Collateral Contamination Occur?:		Time Needed for Decontamination	(Express in Minutes):
Yes No Unknown			than 20
Collateral Damage: Bystander / Other Person(s	) Hit Prope	rty Damaged	
Comments Concerning Collateral Damage:	, <u> </u>	,	
Other Force Information:			
Device Type:	Description:		
Comments:			
Other Force Deployment Information:			
Posture:		Posture Orientation:	
Cover Usage:		Estimated Distance (Express in Ya Minimum: 0	ords):   Maximum: 0
Collateral Damage: Bystander / Other Person(s	\ Uit D Broom	erty Damaged	1
Comments Concerning Collateral Damage:	) Hit   Propi	erty Damageo	
SECTION F - INVOLVED OFFICER / AG	Veapon)		
SECTION G - INVOLVED OFFICER / AG What Training (in addition to Basic Academy) Assisted th			
Training Recommendations:			

#### **SECTION H - SUBJECT INFORMATION** Type: Reason (Animal): Description of Animal: × Person Animal Defense Euthanize Sex: Name (Last, First, Middle): unknown, , × Male Female Unknown Wearing Body Armor: DOB or Age: Height: Weight: Unknown Unknown Unknown Yes No Unknown Attire: × Civilian Paramilitary Police None Deceased SECTION I - SUBJECT FIREARM (AND MISC. WEAPONS) INFORMATION Firearm Information: Unknown Round Type (if Shotgun): Type: Rocks Slug Other: Shot Caliber: Serial Number: Manufacturer: Model Name/Number: Rounds Fired: Add Firearms (Use Supplemental Sheet for Additional Suspect Firearms): × None See Supplemental Subject Other Weapon Information (NOT Firearm): Rocks SECTION I-A - FORCE / WEAPON(S) USED ON SUBJECT Weapon: (b) (6), (b) (7)(C) (b) (7)(E) Subject: unknown, Yes X No Effective at Stopping Immediate Threat: Comments: Subjects continued to throw rocks. Yes Not Applicable Did Weapon or Device Function Properly / Perform As Expected?: No Comments:

Subject Injured:

Yes

No

Unknown

Referred for Additional Medical Attention:

Yes

No

Unknown

	ADDITIONAL COMMENTS	
Officer/Agent Comments:		
None		
Subject Comments:		
None		

SUPPLEMENTAL Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the onginal form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties. SECTION A - INCIDENT IDENTIFICATION INFORMATION CBP Reportable Incident Number: Original SIR Number: Name of Primary Involved Officer / Agent: (b) (7)(E) (b) (6), (b) (7)(C) (b) (7)(E) (b) (6), (b) (7)(C) SECTION C - INVOLVED OFFICER / AGENT INFORMATION -Name: Title: Service EOD: **Duty Location EOD:** (b) (6), (b) (7)(C) BORDER PATROL AGENT (b) (6), (b) (7)(C) **Duty Location:** Tucson Sector/Nogales Station Sex: Hand Usage: Height: Weight: Age: (b) (6), (b) (7)(C) Male | x | Female × Right-Handed Left-Handed Duty Status: Attire: Wearing Body Armor: Total YEARS Law Enforcement Experience: × Uniformed × Yes × On Duty Off Duty Plain Clothes Federal: 4 State: 0 Local: 0 Operational Activity: Linewatch SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION -(b) (6), (b) (7)(C) Injured: Yes No Describe Any Involved Officer/Agent Injuries or Other Needed Information:

Referred for Additional Medical Attention:  $\neg_{\mathsf{No}}$ 

Yes

### SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

SECTION A -	INCIDENT	IDENTIFICA	TION INFO	DRMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)	(b) (7)(E)	(b) (6), (b) (7)(C)

### SECTION E (Continuation) - WEAPONS USED BY OFFICER / AGENT - DEPLONTY, YVETTE C.

The second secon	•				· · · · · · · · · · · · · · · · · · ·	
Intermediate Device Informat						
Device: (b) (7)(E		vice Type: (7)(E)				
Description:						
Intermediate Device Deployn	nent Information:					
Posture:			Posture Orientati	on:		
Standing			Facing Squa	rely		
Cover Usage:			Weapon Grip:			
Cover Used						
Target Elevation:			Aiming Method:			
At/Above Eye Level			Sight Aim			
Firing Mode:				ce (Express in Ya	•	
			Minimum: 15		Maximum: 2	20
Did Collateral Contamination C	ocur?:		Time Needed for	Decontamination	(Express in Minut	tes):
Yes No Unk	nown		0-10 11-20 More than 20			
Collateral Damage:	systander / Other Person(s) Hit	Proper	rty Damaged	<del></del>		
Comments Concerning Collate	<del></del>					
	•					
<b>SECTION H - SUBJECT</b>	INFORMATION - UNIX	CNOWN, UI	NKNOWN			
Type:	Reason (Animal):	Descr	ription of Animal:			
X Person   Animal   Defense   Euthanize			onphon or / minute.			
	Delense Edinamize	<u> </u>				
Name (Last, First, Middle):		Sex:				
UNKNOWN, UNKNOWN				× M:		Unknown
DOB or Age:	Height:	Weigh	nt:	Wearin	g Body Armor:	_
Unknown	Unknown	Unkn	own	☐ Ye	es No	× Unknown
Attire:						
X Civilian Paramilitary	)ecessed					

**SUPPLEMENTAL** Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties. **SECTION A - INCIDENT IDENTIFICATION INFORMATION** CBP Reportable Incident Number: Original SIR Number: Name of Primary Involved Officer / Agent: (b) (6), (b) (7)(C) (b) (7)(E) (b) (7)(E)SECTION H - SUBJECT INFORMATION -UNKNOWN, UNKNOWN Type: Reason (Animal): Description of Animal: × Person Animal Defense Euthanize Name (Last, First, Middle): Sex: UNKNOWN, UNKNOWN × Male Female Unknown Weight: DOB or Age: Height: Wearing Body Armor: Unknown Unknown Unknown × Yes No Unknown Attire: × Civilian Paramilitary Police None Deceased SECTION H - SUBJECT INFORMATION -Type: Reason (Animal): Description of Animal: × Person Defense Animal Euthanize Name (Last, First, Middle): Sex: unknown × Male Unknown Female Wearing Body Armor: DOB or Age: Height: Weight: Unknown Unknown Unknown × Unknown Yes No Attire: × Civilian Paramilitary Police None Deceased SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - unknown, ,

Weapon: (b) (7)(E)	Officer/Agent: (b) (6), (b) (7)(C)						
Subject: unknown,,							
Effective at Stopping Immediate Threat:	X Yes No						
Comments:							
Did Weapon or Device Function Properly / Perform As Expected?:	Yes No Not Applicable						
Comments:							
Subject Injured: Yes No Unknown	Referred for Additional Medical Attention: Yes No Unknown						

### SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

SECTION A - INCIDENT IDENTIFICATION INFORMATION CBP Reportable Incident Number: Original SIR Number: Name of Primary Involved Officer / Agent: (b) (7)(E) (b) (7)(E)(b) (6), (b) (7)(C) SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - UNKNOWN, UNKNOWN Weapon: Officer/Agent: (b) (6), (b) (7)(C) (b) (7)(E) Subject: UNKNOWN, UNKNOWN X Effective at Stopping Immediate Threat: Yes No Comments: Subjects continued to throw rocks. Not Applicable Did Weapon or Device Function Properly / Perform As Expected?: Yes No Comments: Referred for Additional Medical Attention: Yes Subject Injured: Yes No No Unknown Unknown SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - UNKNOWN, UNKNOWN Officer/Agent: Weapon: (b) (6), (b) (7)(C) (b) (7)(E) Subject: UNKNOWN, UNKNOWN x Yes Effective at Stopping Immediate Threat: Comments: Not Applicable Did Weapon or Device Function Properly / Perform As Expected?: Yes Comments: Subject Injured: Referred for Additional Medical Attention: No Yes Yes Unknown No Unknown SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - UNKNOWN, UNKNOWN Weapon: Officer/Agent: (b) (7)(E) (b) (6), (b) (7)(C) Subject: UNKNOWN, UNKNOWN X No Yes Effective at Stopping Immediate Threat: Comments: Subjects continued to throw rocks. Not Applicable Yes No Did Weapon or Device Function Properly / Perform As Expected?: Comments: Referred for Additional Medical Attention: Yes

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No

Unknown

Subject Injured:

No

Unknown

Yes

SUPPLEMENTAL Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties. **SECTION A - INCIDENT IDENTIFICATION INFORMATION** Name of Primary Involved Officer / Agent: CBP Reportable Incident Number: Original SIR Number: (b) (7)(E) (b) (6), (b) (7)(C) (b) (7)(E)SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - UNKNOWN, UNKNOWN Weapon: Officer/Agent: (b) (6), (b) (7)(C) (b) (7)(E) Subject: UNKNOWN, UNKNOWN × Yes No Effective at Stopping Immediate Threat: Comments: Did Weapon or Device Function Properly / Perform As Expected?: Yes No Not Applicable Comments: Referred for Additional Medical Attention: Yes No Subject Injured: Yes No Unknown Unknown SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - unknown Officer/Agent: Weapon: (b) (7)(E) (b) (6), (b) (7)(C) Subject: unknown × No Yes Effective at Stopping Immediate Threat: Comments: rocking did not stop No Not Applicable Did Weapon or Device Function Properly / Perform As Expected?: Yes Comments: Referred for Additional Medical Attention: Yes Subject Injured: No Yes Unknown Unknown SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - unknown Weapon: Officer/Agent: (b) (7)(E)(b) (6), (b) (7)(C) Subject: unknown ×Yes Effective at Stopping Immediate Threat: No Comments:

Yes

No

Referred for Additional Medical Attention: Yes

Not Applicable

Unknown

No

Did Weapon or Device Function Properly / Perform As Expected?:

No

Yes

Unknown

Comments:

Subject Injured: